

# **CENTEX HOMES**

## **Appendix E**

FOR STATES THAT HAVE DELEGATED ANY INSPECTION OR ENFORCEMENT AUTHORITY  
UNDER AN APPLICABLE PERMIT TO A LOCAL ADMINISTRATIVE OR GOVERNMENTAL BODY

# Quarterly Compliance Inspection

Site name: \_\_\_\_\_ Permittee: \_\_\_\_\_

Division: \_\_\_\_\_ Inspection date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Weather conditions (circle one):      Dry                      Rain                      Snow                      Icy  
 Inspection type (circle one):      Regular                      Precipitation      Quarterly                      Final

*Please note that this form must be kept on-site with the Storm Water Plan ("SWP").*

General	Yes	No	N/A	Responsive Action Log Reference #
A. Is the Storm Water Plan ("SWP") on Site or its location posted?				
B. If required under the Applicable Permit, is the Applicable Permit and/or NOI on Site?				
C. Is contact information provided on Site and is it correct?				
D. Since the last site inspection, has Centex received notice of a federal, state, or local inspection evaluating compliance with the Applicable Permit?				
E. Was the Site Inspection Report for the last inspection signed by the Site Storm Water Compliance Representative and certified if and as required by the Applicable Permit?				
F. Have Action Items from last Site Inspection been addressed? If not, describe why not on Responsive Action Log for this Site Inspection.				
Maintenance	Yes	No	N/A	Responsive Action Log Reference #
G. Is there an excess of sediment or an excess of other pollutants exiting the Site?				
H. Are off-Site roads/gutters free of excessive sediment from the Site?				
I. Are exit/entrance controls properly located and in working condition, with no repairs necessary?				
J. Are exposed areas stabilized as required?				
K. Are stockpiles located and stabilized as required?				
L. Are other BMPs properly located, in working condition, and no repairs necessary?				
M. Are washouts properly located, in working condition, and no repairs necessary?				
N. Are hazardous materials managed as required?				
O. Are trash, construction debris, and other solid wastes managed as required?				
P. Are portable toilets provided and properly located?				
Q. Are the Site Storm Water BMPs and the SWP consistent with each other?				

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**Name and Title of Inspector**

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**Signature of Inspector**

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**Date**

**[INSERT CERTIFICATION IF AND AS REQUIRED BY THE APPLICABLE PERMIT]**

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**Name and Title of Certifying Party**

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**Signature**

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**Date**

## Responsive Action Log

**Site name:** \_\_\_\_\_ **Inspection date:** \_\_\_\_\_

**Permittee:** \_\_\_\_\_ **Division:** \_\_\_\_\_

[illegible]

# Quarterly Compliance Review for (\_\_\_\_\_/20\_\_ to \_\_\_\_/20\_\_)

Site Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Site Inspected By: \_\_\_\_\_

Division Storm Water  
Compliance Representative: \_\_\_\_\_

Site Storm Water  
Compliance Representative(s): \_\_\_\_\_

If the Division Storm Water Compliance Representative conducts the Quarterly Compliance Inspection:

- The Division Storm Water Compliance Representative must complete boxes 1 and 2 for each of the topics listed below.

If a Designee (e.g. a storm water consultant) conducts the Quarterly Compliance Inspection:

- The Designee must complete boxes 1 and 2 for each of the topics listed below, and
- The Division Storm Water Compliance Representative must complete box 3 for each of the topics listed below.

Upon completion of the Quarterly Compliance Inspection, each of the following topics should be reviewed with all of the Site Storm Water Compliance Representatives. When the review is completed, the Division and all of the Site Storm Water Compliance Representatives must sign the form in the space provided below.

A. Physical Condition of the Site and BMPs	
1.	Are there compliance issues related to the physical condition of the Site or BMPs? (circle one) <b>Y</b> or <b>N</b> If "yes," what are the issues? What are the causes?
2.	If "yes" is circled in question 1, recommended actions to address these issues include:
3.	If "yes" is circled in question 1 and the Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? <b>Y</b> or <b>N</b> If "yes," list recommendations:

**B. Adequacy of the Site Storm Water Plan and Recordkeeping Procedures**

1. Are there inadequacies in the Storm Water Plan or the recordkeeping procedures? (circle one) **Y** or **N**  
If "yes," describe any inadequacies.

2. If "yes" is circled in question 1, recommended actions to address these issues include:

3. If "yes" is circled in question 1 and the Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations?  
**Y** or **N** If "yes," list recommendations:

**C. Contractor Compliance with Storm Water Requirements**

1. Are there any storm water compliance issues being caused by contractors or subcontractors? (circle one) **Y** or **N** If "yes," what are the issues? What are the causes?

2. If "yes" is circled in question 1, recommended actions to address these issues include:

3. If "yes" is circled in question 1 and the Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations?  
**Y** or **N** If "yes," list recommendations:

<b>D. Number of Responsive Actions not Performed in the Time and Manner Required by the Applicable Permit</b>	
1.	Are there compliance issues with the number of Responsive Actions not performed in the time and manner required by the Applicable Permit? (circle one) <b>Y</b> or <b>N</b> If yes, what are the issues? What are the causes?
2.	If "yes" is circled in question 1, recommended actions to address these issues include:
3.	If "yes" is circled in question 1 and the Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? <b>Y</b> or <b>N</b> If "yes," list recommendations:

<b>E. Recurring Compliance Issues at the Site</b>	
1.	Are there recurring compliance issues at the Site? (circle one) <b>Y</b> or <b>N</b> If yes, what are the issues? What are the causes?
2.	If "yes" is circled in question 1, recommended actions to address these issues include:
3.	If "yes" is circled in question 1 and the Quarterly Compliance Inspection was conducted by a Designee, does the Division Storm Water Compliance Representative have additional recommendations? <b>Y</b> or <b>N</b> If "yes," list recommendations:

**Quarterly Compliance Review Summary for (\_\_\_\_\_/20\_\_ to \_\_\_\_\_/20\_\_)**

- 1. Was there a failure to obtain coverage for this Site under an Applicable Permit prior to commencement of construction? If yes, how many days of discharge of pollutants from the Site to a water of the US occurred during the quarter covered by this Quarterly Compliance Inspection and Review and prior to obtaining coverage under an Applicable Permit?**

Yes      No      N/A      If yes, total number of days during quarter: \_\_\_\_\_

2. If this is the first Quarterly Compliance Inspection and Review conducted for the Site, was there a failure to perform or material failure to document the Pre-Construction Inspection and Review?

Yes                      No                      N/A

- 3. Was the Site Storm Water Compliance Representative trained in accordance with Centex's storm water training program at the time of this Quarterly Compliance Inspection and Review?**

Yes                      No

- #### 4. Site Inspections:

Total number of all Site Inspections required during the quarter: \_\_\_\_\_

Total number of missed or undocumented Site Inspections: \_\_\_\_\_

Percentage Compliance: \_\_\_\_\_

Total number of times a SWP was not available (or its location posted) during a Site Inspection:

Percentage Compliance: \_\_\_\_\_

- ## 5. Responsive Actions:

Total number of Responsive Actions identified during quarter: \_\_\_\_\_

Total number of Responsive Actions not addressed within the time allowed by the Applicable Permit:

Percentage Compliance: \_\_\_\_\_

***The Division Storm Water Compliance Representative must review the Quarterly Compliance Review Form with the Site Storm Water Compliance Representative(s), all of whom must sign the Quarterly Compliance Review Form.***

Name \_\_\_\_\_  
Division Storm Water Compliance Representative

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Signature
DATE

Name \_\_\_\_\_  
Site Storm Water Compliance Representative

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Signature
DATE